Before the
Federal Communications Commission
Washington, DC 20554

In the Matter of Rural Health Care	)	
Support Mechanism	)	WC Docket No. 02-60
	)	
	)	

REPLY COMMENTS

The Telecommunications and Information Policy Group of the University of Hawaii (UH TIPG) submits comments in response to the Request for Comments on the American Telemedicine Association's Petition for Reconsideration of the Rural Health Care Support Mechanism Second Report and Order (WC Docket No. 02-60).

The UH TIPG administers the State of Hawaii Telehealth Access Network (STAN) of which 65% of its member sites receive Rural Health Care Program funds. The UH TIPG submits these comments on behalf of the STAN consortium of health care providers that will be adversely affected by the proposed rural and urban definition changes.

We urge the Commission to thoroughly evaluate the impact of any proposed definition change and we specifically emphasize the unique issues faced by island jurisdictions and how the definition changes may adversely impact these jurisdictions. Federal definitions to determine "rurality" often neglect the isolated nature of our rural island communities, which require people to travel by air transportation between islands in order to receive services not available on-island. Under the new FCC definitions, the community of Hilo on the island of Hawaii will not be considered rural. Under other definitions used by federal agencies, the

whole island of Hawaii is considered rural and the healthcare facilities use the rural healthcare programs for many services that are provided by specialists in these locations. We acknowledge that additional areas will become eligible for funding under the new definition however it is important to note that in the State of Hawaii the population of these newly designated rural areas is much smaller than the populations of the areas that would lose their eligibility when the grandfather period ends.

Any new definition of rural and urban to be adopted by the FCC for the Rural Health Care Program must take into consideration the unique demographic and infrastructure situations of Pacific jurisdictions since they differ greatly from the continental U.S. and unless taken into consideration, rules will again be promulgated that disadvantage some of the nation's most disadvantaged rural and remote communities.

We urge that the FCC reconsider the current definition of rural and in particular to take into consideration the special circumstances of our rural island communities that are underserved, have limited access to specialty services, medical schools and affordable advanced telecommunication services. As such, in the interim, we support the ATA's petition that the FCC grandfather, for an indefinite period of time, rural sites that are no longer eligible for rural health care support under the new definition of rural. The Commissions should consider expanding the grandfather provisions to include the geographic areas of rural sites that are no longer eligible under the new definitions. The grandfather clause should not limit the program support only to the current Rural Health Care Program recipients, especially since it takes time for the other smaller health care providers (e.g., Federally Qualified Health Care Centers) to plan their participation in the program. We have struggled in assisting health care providers to take advantage of the Rural Health Care Program because in the State of Hawaii there are many underserved health care facilities that were not adequately prepared

technically and financially to apply for RHCP funding support. This however is changing as networking technologies, telehealth equipment and programs are becoming increasing more affordable. Unfortunately many of these facilities located in Hilo and Maui, including facilities that serve our veterans, would lose their eligibility under the new definition.

At the same time, however, we urge the FCC to consider accepting definitions of "rurality" from other federal agencies or federally recognized state definitions. For example, the Office of Rural Health Policy permits the use of state definitions. We understand that the Commission has concerns about "differing goals and eligibility criteria," "administration," and " impact on available funding.[1]" We propose that the Commission review and select the eligible definitions of health related federal programs and those that serve as good funding counterparts to the Rural Health Care program such as the U.S. Department of Agriculture Distance Learning and Telehealth Program. The Commission could eliminate some of the administrative burden by placing the responsibility on the applicant to prove that it falls within the updated federal or state definitions. Finally, the Rural Health Care Division has not distributed more than 15% of the total program ceiling, it is likely that there are other issues that have hampered health care providers from applying to the program and so increasing the number of eligible health care providers may not have a significant impact on the overall funding levels.

Just as the Commission was creative in examining the problems of the U.S. Pacific Island definitions and established a new definition for "all rural" states, perhaps the Commission could also examine how underserved populations could be better served by the Rural Health Care Program. For example, many Federally Qualified Health Centers located

[1] Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, Adopted December 14, 2005

in urban areas serve the most underserved communities and Medicaid recipients. Perhaps a mechanism could be established similar to the E-Rate program with discount levels that are based on low-income and need, as well as urban and rural designations. We understand that this is outside of the FCC's jurisdiction and may require a change in legislation however it is one of the fundamental issues that need to be addressed.

The Commission acknowledges that "many communities remain isolated from their nearest urban area, still suffer from inadequate access to telecommunications services, and their patients still need the services that telemedicine provides them[2]" and other locations experienced growth of metropolitan areas. As the Commission stated, the grandfathering would ease the transition to the new definition. This, however, it does not address the root of the problem in meeting the needs of underserved areas. We therefore urge the Commission to expand the comment period of the entire issue of redefining rural and urban areas and open comments on program support mechanisms based on need. We understand the delicate balance between "over-inclusiveness and under-inclusiveness."[3] However the new definition as it stands does not fairly address the issues of our island communities or, other communities in the nation that truly are underserved in terms of advanced telecommunications and health care. These communities would lose their eligibility under the new definition, but should not. Meeting the needs of underserved areas is a critical goal of the Universal Service Program and Telecommunication Act of 1996 and this specific issue of rural and urban definition is critical in meeting these goals and requires much more time and consideration.

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[2] Ibid.

[3] Ibid.

Finally we would like to once again comment on the Pacific Island initiative. We commend the Commissioners for *proactively* addressing issues in Indian Country by initiating a Tribal initiative and visiting Indian Country to better understand the issues and develop solutions. We would urge the Commissioners to consider a similar initiative for the Pacific. Although the FCC established a completely "rural" definition for the U.S. Pacific Island jurisdictions which qualifies them for a special 50% discount for advance telecommunication services, the U.S. Pacific Islands have not applied for dedicated off-island telecommunications to locations that are Internet2 sites or areas that have schools of medicine, advanced nursing, or public health because of still prohibiting costs for off-island telecommunications connections. The jurisdictions include American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands. Health care providers in these areas have been included in the Pacific Regional FCC Pilot Project proposal. We hope that this proposal will be successful. However, we would like to point out that there is still a need to re-examine and re-evaluate the Pacific Island situation as the Commission has done for the Tribal initiative, especially since the U.S. Pacific Island jurisdictions contribute to the universal service funds. In terms of the issue of eligibility of the U.S. Freely Associated States' (FAS) participation in the Universal Service program, we note that the Commission has not yet ruled definitely on this matter. We would urge the Commission to visit the Pacific before deciding the matter, examining thoroughly how the participation of the U.S. Freely-Associated States in the E-rate and Rural Health Care programs would support the goals of Compacts that the United States has with these jurisdictions.

We appreciate the opportunity to register our comments regarding the unique situation of the island environments in Hawaii and the Pacific and the unresolved issues of the rural and urban definition. We commend the Commission for taking the time to consider these

unique environments and incorporating it into a fair and equitable definition so that the Rural Health Care program may reach the communities that are truly in need of their support.

Respectfully submitted,

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